## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.) 58663

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 ~ AMENDMENT		
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TOTAL CLAIMS			15				

	AS FILED		AFTER		AFTER 2 ** AMENDMENT	
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TOTAL CLAIMS				200-5		

PTO - 1360 (REV. 11/04)

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